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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/064,743
	Filing Date	08/12/2002
	First Named Inventor	Tech Hung
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	OTMP0023USA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	WINSTON HSU
Signature	<i>Winston Hsu</i>
Date	8/14/2002

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 		
Typed or printed name		
Signature		Date

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/064,743
Filing Date	08/12/2002
First Named Inventor	Tech Hung
Examiner Name	
Group Art Unit	
Attorney Docket No.	OTMP0023USA

TECHNOLOGY CENTER 2800

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number: 50-0801
- Deposit Account Name: North America International Patent Office
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☐ Payment Enclosed:
- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101 740	201 370			Utility filing fee	
106 330	206 165			Design filing fee	
107 510	207 255			Plant filing fee	
108 740	208 370			Reissue filing fee	
114 160	214 80			Provisional filing fee	
SUBTOTAL (1) (\$)					0.00

2. EXTRA CLAIM FEES

Extra Claims		Fee from below	Fee Paid
Total Claims	-20** =		
Independent Claims	-3** =		
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103 18	203 9			Claims in excess of 20
102 84	202 42			Independent claims in excess of 3
104 280	204 140			Multiple dependent claim, if not paid
109 84	209 42			** Reissue independent claims over original patent
110 18	210 9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105 130	205 65			Surcharge - late filing fee or oath	
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for ex parte reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 400	216 200			Extension for reply within second month	
117 920	217 460			Extension for reply within third month	
118 1,440	218 720			Extension for reply within fourth month	
128 1,960	228 980			Extension for reply within fifth month	
119 320	219 160			Notice of Appeal	
120 320	220 160			Filing a brief in support of an appeal	
121 280	221 140			Request for oral hearing	
138 1,510	138 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,280	241 640			Petition to revive - unintentional	
142 1,280	242 640			Utility issue fee (or reissue)	
143 460	243 230			Design issue fee	
144 620	244 310			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Processing fee under 37 CFR 1.17(q)	
126 180	126 180			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
146 740	246 370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370			For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370			Request for Continued Examination (RCE)	
169 900	169 900			Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

SUBMITTED BY

Name (Print/Type) WINSTON HSU

Signature Winston Hsu

Registration No. 41,526

(Attorney/Agent)

Complete (if applicable)

Telephone 886-2-8923-7350

Date 8/14/2002

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